7116

07079

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport 43
LENGTH OF STAY (In this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Smoot St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kitzmiller 11K-2
STREET ADDRESS (If rural, give location) - - - - - - ✓

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) Francis (Last) Beeman

4. DATE OF DEATH (Month) August (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 20, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Garrett Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cecil Allison

14. MOTHER'S MAIDEN NAME: Eliza Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: 219-03-0799

17. INFORMANT & ADDRESS: Frank Beeman, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion due to — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Coronary Sclerosis — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Aug 22, 19

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 25 Aug 54
NAME OF CEMETERY OR CREMATORY Turner Cemetery
LOCATION (City, town, or county) (State) Garrett Co, Maryland

DATE REC'D BY LOCAL REG. Aug-25-54
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Maryland ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information, carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 27 1954
BUREAU V. S.

Within corporate limits

MARYLAND 7072

07072

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH COUNTY: Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, 02 — LENGTH OF STAY (in this place): 42 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, 02
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 221 So. Smallwood St., X	STREET ADDRESS (If rural, give location): 221 So. Smallwood St.,

3. NAME OF DECEASED (Type or Print)	(First) ABRAHAM	(Middle) RITCHEY	(Last) BENNETT	4. DATE OF DEATH	(Month) August (Day) 1, (Year) 1954
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan. 31, 1859	9. AGE last birthday: 95 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm owner	11. BIRTHPLACE (State or foreign country): Artemas, Penna.	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME: Israel Bennett	14. MOTHER'S MAIDEN NAME: Susanna Martin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No, (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mr. Vernon Bennett Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422 1

Immediate cause (a) Myocarditis, Senile

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10 1951, to ~~July~~ August 1st, 1954 that I last saw the deceased alive on Aug 1, 1954 and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. B. Weisheim M.D. ADDRESS: 49 Green St. Cumberland Md. DATE SIGNED: 8-2-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/4/54	NAME OF CEMETERY OR CREMATORY: Fairview Cemetery	LOCATION (City, town, or county) (State): Artemas, Penna.
DATE REC'D BY LOCAL REG.: Aug 3, 1954	REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR: Charles L. George	ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
AUG 10 1954
BUREAU V. S.

DR. WEISMAN

Within corporate limits

7073

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07073

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
LENGTH OF STAY (in this place) 16DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY ~~ALLEGANY~~ Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND Rural R. D. # 3
STREET ADDRESS (If rural give location) Near Lake Gordon 75X3

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) Belle (Last) BLUBAUGH

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 16 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW
8. DATE OF BIRTH: MARCH 8, 1891
9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLARENCE CLITES
14. MOTHER'S MAIDEN NAME: HANNAH L WELSH

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-24-0808
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Uremia	1 week
ANTECEDENT CAUSE (S) DUE TO	(B) Renal Failure	1 week
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Nephrosclerosis	10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive + Arteriosclerotic Heart Dis. 10 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to Aug 16, 1954, that I last saw the deceased alive on Aug 16, 1954, and that death occurred at 3:50P M, from the causes and on the date stated above.

SIGNATURE Lavelle G. Weisman M.D. ADDRESS Cumberland DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/19/54
NAME OF CEMETERY OR CREMATORY Zion Memorial Cem.
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1954
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 24 1954
BUREAU V. S.

Within corporate limits

Dr. W.F. Wm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7074

CERTIFICATE OF DEATH

47074

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Memorial Avenue 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 11-22-2
STREET ADDRESS (If rural give location) 154 E. Main Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) W. (Last) Bone

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: November 12, 1904
9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Rubber Finish
10B. KIND OF BUSINESS OR INDUSTRY: Goodyear Tire & Rubber Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bone
14. MOTHER'S MAIDEN NAME: Ellen Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-10-4399
17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4422
IMMEDIATE CAUSE (A) DUE TO Hypertensive Cardio
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Coronal Renal Disease
(C)
INTERVAL BETWEEN ONSET AND DEATH: 2 Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2-, 1954 to 8-27, 1954 that I last saw the deceased alive on 8-27, 1954 and that death occurred at 2:50 P.M. from the causes and on the date stated above.
SIGNATURE W.F. Williams M.D. ADDRESS Cumberland DATE SIGNED 8-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/30/54
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg Md

DATE REC'D BY LOCAL REGISTRAR Aug. 28, 1954
REGISTRAR'S SIGNATURE Walter L. Hauck, M.D.
24. FUNERAL DIRECTOR J.R. Durst ADDRESS " "

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 31 1954
BUREAU V. S.

7117 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U7075

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Twin I (Middle) Baby (Last) Boore

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 12 1954

9. AGE last birthday: yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mtburg Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Melvin C Boore

14. MOTHER'S MAIDEN NAME: Mary Margaret Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary Margaret Boore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 16 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1954, to Aug 12, 1954, that I last saw the deceased alive on Aug 12, 1954, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE: W Mc Lane MD (Degree or title) — ADDRESS: Frostburg Md — DATE SIGNED: Aug 12 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-12-54	Old Piney Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG. 8-12-54 — REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe — 24. FUNERAL DIRECTOR: Melvin C. Boore — ADDRESS: Rt. 1 Frostburg, Md.

2184213160

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 16 1954
BUREAU V. S.

7118 MARYLAND STATE DEPARTMENT OF HEALTH 07076

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Twin (Middle) Baby (Last) Boore

4. DATE OF DEATH: (Month) aug (Day) 12 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 12 1957

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Melvin C Boore

14. MOTHER'S MAIDEN NAME: Mary M Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary M Boore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 16 weeks — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1954, to Aug 12, 1954, that I last saw the deceased alive on Aug 12, 1954 and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm C Lane MD — ADDRESS: Frostburg Md — DATE SIGNED: Aug 12 1957

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-12-54 — NAME OF CEMETERY OR CREMATORY: Old Coney Cemetery — LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG. 8-12-54 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR — ADDRESS: Melvin C. Boore, Rt. 1 Frostburg Md.

BUREAU V. S.

DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07077

7075 **CERTIFICATE OF DEATH** Reg. Dist. No. 14

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 15HRS.25 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 301 PULASKI ST.,

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) Charles (Last) BRAGG
4. DATE OF DEATH: (Month) AUG. (Day) 7 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: Sept. 30, 1875
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Cupper (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: Brewery
11. BIRTHPLACE (State or foreign country): PENNA. Pittsburgh
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph P. Bragg
14. MOTHER'S MAIDEN NAME: Margaret Krouth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-4751
17. INFORMANT & ADDRESS: Memorial Hosp. Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Peritonitis Generalize

ANTECEDENT CAUSE (S) DUE TO (B) Strangulated left Femoral Hernia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Perforation Ileum

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Myocarditis

19A. DATE OF OPERATION: 16-Aug 54
19B. MAJOR FINDINGS OF OPERATION: Strangulated Femoral Hernia left c Perforation Ileum
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug, 1954, to 7 Aug, 1954 that I last saw the deceased alive on 7 Aug, 1954, and that death occurred at 9:45 AM from the causes and on the date stated above.

SIGNATURE Fuller B. Whitworth M. D. ADDRESS 123 Bedford St DATE SIGNED 8 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8-10-54
NAME OF CEMETERY OR CREMATORY: S. S. Peter & Paul Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 9, 1954
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George
ADDRESS: Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG 17
BUREAU U. S.

07078

MARYLAND 7076

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) MARYLAND Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS I34 Springdale St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural, give location) I34 Springdale St.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Beeche (Last) Brant

4. DATE OF DEATH (Month) (Day) (Year) 8-5-54

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 30, 1863

9. AGE last birthday 91 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Ownhome

11. BIRTHPLACE (State or foreign country) Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Beeche

14. MOTHER'S MAIDEN NAME Mary Glantzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Carrie H. Deck I34 Springdale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Renal Disease

(c)

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4-54, 19.., to 8-5-54, 19.., that I last saw the deceased alive on 8-4-54, 19.., and that death occurred at 12:10 (Degree or title) a.m., from the causes and on the date stated above.

SIGNATURE [illegible] ADDRESS [illegible] DATE SIGNED 8-7-54

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE 8-8-54

NAME OF CEMETERY OR CREMATORY Greenmount Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Aug 7, 1954

REGISTRAR'S SIGNATURE Winter R. Trauth, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

Within corporate limits: 7077

07079
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland

LENGTH OF STAY (in this place): 3 hrs-20 min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 208 Laing Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Mary O. Brotemarkle	Aug. 26 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married	July 2-1915	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Celanese Corp. of America	Magnolia, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Ellsworth Robey	Annie Wetzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	217-10-7337	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) coronary sclerosis (left) also had	?
DUE TO		
	(c) obesity (marked)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
—	—	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Aug. 26-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 29, 1954	Rose Hill Cem	Cumberland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 28, 1954	Walter R. Faust, M.D.	John J. Hafer,	Cumberland, md.

Outside of City Limits

7127

07080

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #49 about 1/8 mile east of junction rt. 40

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (rural) Frostburg X
STREET ADDRESS (If rural, give location) R.F.D.#1 (Klondike)

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Joseph (Last) Bugosh

4. DATE OF DEATH (Month) Aug. (Day) 5 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept 18-1928
9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk for the A&P.Supermarket.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.F.D.#1,Frostburg,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Bugosh
14. MOTHER'S MAIDEN NAME: Anna Bugosh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY No.: 213-24-7160
17. INFORMANT & ADDRESS: R.F.D.#1 (father) Paul Bugosh,Frostburg,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial hemorrhage due to a fractured skull
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) also had right femur fractured,nose and (sudden)
DUE TO
(c) inferior right maxillary.(auto accident)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway Rt.49
21c. (City or town) near Cumberland (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) Aug.5-1954 10 P. M. (Hour)
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Apparently high rate of speed,ran off road & hit a tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V.Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Aug.6-1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF Aug 9-54
NAME OF CEMETERY OR ~~CREMATORY~~ St. Michaels
LOCATION (City, town, or county) Frostburg-alleg- (State) Md

DATE REC'D BY LOCAL REG. Aug. 6, 1954
REGISTRAR'S SIGNATURE Arnter K. Frantz, M.D.
24. FUNERAL DIRECTOR Joseph R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG 10 1954

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **07081**

7078 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Maryland
STREET ADDRESS (If rural give location) 601 Patterson Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Bernard E Burkey

4. DATE OF DEATH: (Month) (Day) (Year) 19 8-8-54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-10-1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Swift and Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~Deceased~~ Jerome J. Burkey

14. MOTHER'S MAIDEN NAME: ~~Deceased~~ Mary T. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-6918

17. INFORMANT & ADDRESS: Mr. Edward Burkey Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myeloid leukemia — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — 2 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1954 to Aug. 8, 1954, that I last saw the deceased alive on Aug. 7, 1954, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE C. S. Zimmerman LD (Degree or title) ADDRESS 105 S. Centre St. DATE SIGNED 8-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-11-1954

NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 10, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07083

CERTIFICATE OF DEATH

7119 Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 4½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 5 Broadway

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Patrick (Last) Cain

4. DATE OF DEATH: (Month) (Day) (Year) 8 - 18th, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 1st, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10B. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Cain

14. MOTHER'S MAIDEN NAME: Mary Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-7552

17. INFORMANT & ADDRESS: Mrs. John Cain, Frostburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chr Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954 to Aug 18, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE W.O. McLane M.D. ADDRESS Frostburg Md DATE SIGNED aug 19 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-20-1954 | NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 8-20-54 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Rae

24. FUNERAL DIRECTOR ADDRESS Joseph R. Durst, Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 2[illegible]
BUREAU V. S.

DR. VAN ORMER Sinaus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07083

7079 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING, MD.
STREET ADDRESS (If rural give location) 80 EAST MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) D. (Last) CAMPBELL

4. DATE OF DEATH: (Month) AUGUST (Day) 17, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 6, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRUGGIST

10B. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES F. CAMPBELL

14. MOTHER'S MAIDEN NAME: EMILY FROMHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Bronchogenic Carcinoma

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO rt lung & metastasis

(C) both lungs

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1954, to 8/17, 1954, that I last saw the deceased alive on 8/17, 1954, and that death occurred at 7:55 PM, from the causes and on the date stated above.

SIGNATURE George M Sinaus M.D. ADDRESS Cumberland Md. DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug. 19 1954 | NAME OF CEMETERY OR CREMATORY Laurel Hill Cem. | LOCATION (City, town, or county) (State) Moscow, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1954 | REGISTRAR'S SIGNATURE Winter R. Hantz, M.D. | 24. FUNERAL DIRECTOR George Eichhorn | ADDRESS Lonaconing, "

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7080 CERTIFICATE OF DEATH

Reg. Dist. No. 07084

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS I27 Arch St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) I27 Arch St.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Grant (Last) Castle

4. DATE OF DEATH: (Month) 8- (Day) I6- (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb. 2, I869

9. AGE last birthday 85 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Keyser, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Miers

14. MOTHER'S MAIDEN NAME: Virginia Dayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Wm. E. Castle I27 Arch St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension c.v.d. ; senile decay

(C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to 8/16, 1954, that I last saw the deceased alive on 8/16, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE George M. Brown M.D. ADDRESS Cumberland Md. DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-I9-54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1954 | REGISTRAR'S SIGNATURE Winter L. Kautz, M. D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

AUG 24
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07085

7081 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 2 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SYLVAN RETREAT / M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG
STREET ADDRESS (If rural, give location) 49 GREENE STREET

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WILLIAM (Last) CLARK

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3-21-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAL MINER

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JAMES W. CLARK

14. MOTHER'S MAIDEN NAME: ORPHA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-1810

17. INFORMANT & ADDRESS: Charles Clark Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause — (a) Pulmonary Hypostasis — 72hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Chronic Myocarditis — ?

DUE TO

(c) General arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 3 mos.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1954, to Aug 16, 1954, that I last saw the deceased alive on Aug 16, 1954, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James E. McKean M.D. 49 Greene St. 8-17-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8-19-54 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park — LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REG. Aug 18, 1954 — REGISTRAR'S SIGNATURE Winter R. Beauty M.D. — 24. FUNERAL DIRECTOR — ADDRESS J. R. Durst, Frostburg, Md.

RECEIVED
AUG 24
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07086

CERTIFICATE OF DEATH

7128

Reg. Dist. No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Earl Herbert Cook

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 21, 1954 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	March 7, 1872	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Doctor	Doctor	Wettersburg, Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis Cook	Elizabeth Lepley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Miss Lillian Cook, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Arteriosclerotic Cardio Renal Disease	2 yrs.
DUE TO		
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Falling while walking on own pavement approx 2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1954, to Aug. 21, 1954, that I last saw the deceased alive on Aug. 21, 1954, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John A Topper M.D. Hyndman Pa 5/23/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 24, 1954	Hillcrest Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 23 1954	J Lloyd Wolfe	Harvey H. Zeigler, Hyndman, Pa

RECEIVED
AUG 27 1954
BUREAU V. S.

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07087

7082

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
MARYLAND
LENGTH OF STAY (in this place) 1 HR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 6 E SOMERVILLE AVE. JANE FRAZIER

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) LEON (Last) DORSEY

4. DATE OF DEATH: (Month) AUG. (Day) 24, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH. DEC. 28 1905

9. AGE last birthday 48 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Mgr. of store

10B. KIND OF BUSINESS OR INDUSTRY: Auto. Equipment

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward DORSEY

14. MOTHER'S MAIDEN NAME: MARTHA ALBRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-7665

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion, acute, severe — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary artery disease — 2 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949, to 24 aug 1954, that I last saw the deceased alive on 24 aug...., 1954, and that death occurred at 10 45 M, from the causes and on the date stated above.

SIGNATURE W. A. Van Orma M. D. ADDRESS Cumberland, md DATE SIGNED 24 aug. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 28, 1954 — NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 27 1954 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

AUG 5
BUREAU V. S.

Item 9 Film G 168A 8/13/54 et

MARYLAND 7083

07088

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 12/1/51; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William; (Middle); (Last) Elbin

4. DATE OF DEATH: (Month) August; (Day) 5; (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/27/80

9. AGE: Last birthday 73 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer & Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farming and others

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Elbin

14. MOTHER'S MAIDEN NAME: Amanda Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Cerebral Hemorrhage — Interval Between Onset and Death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b). Chronic Myocardial Degeneration — ?

(c). Cerebral arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia. — ?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to Aug. 5, 1954, that I last saw the deceased alive on Aug. 5, 1954, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D. ADDRESS 79 Grant St. DATE SIGNED 8-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Aug 8 1954; NAME OF CEMETERY OR CREMATORY: Glendale Cemetery; LOCATION (City, town, or county) (State): Flintstone, Allegany Co Md.

DATE REC'D BY LOCAL REG.: Aug. 7, 1954; REGISTRAR'S SIGNATURE: Wentz L. Wantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

I

RECEIVED
AUG 10 1954
BUREAU V. S.

Within corporate limits

07089

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3/12/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 410 Central Avenue

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Fields

4. DATE OF DEATH (Month) August (Day) 1, (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 6/28/1873
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Ownhome
11. BIRTHPLACE (State or foreign country) Saxton, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Harry P. Mowery
14. MOTHER'S MAIDEN NAME Martha Fore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172X

Immediate cause (a) Carcinoma Uterus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Secondary Anemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senile Deterioration

INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12 1954, to Aug. 1, 1954, that I last saw the deceased alive on July 31, 1954 and that death occurred at 2:55 p m., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (Degree or title) ADDRESS 49 Greene St. DATE SIGNED 8-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/4/54
NAME OF CEMETERY OR CREMATORY Everette Cemetery
LOCATION (City, town, or county) (State) Everette, Pennsylvania

DATE REC'D BY LOCAL REG. Aug. 3, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, ADDRESS Cumberland, Md.

1

RECEIVED
AUG 10 1934
BUREAU OF T. S.

Within corporate limits MIRKIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07090

7085

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 217 CENTRAL AVE.,

3. NAME OF DECEASED: (Type or Print) (First) CALVIN (Middle) B. (Last) FRESHOUR

4. DATE OF DEATH: (Month) AUGUST (Day) 22 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DECEMBER 26, 1880

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Patrolman

10B. KIND OF BUSINESS OR INDUSTRY: B & O Railroad

11. BIRTHPLACE (State or foreign country): Cherry Run W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. FRESHOUR

14. MOTHER'S MAIDEN NAME: HARRIET PAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-07-8033

17. INFORMANT & ADDRESS: Mrs. Minnie Freshour

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Sigmoid & Rectum

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 & 2 yrs ago

19B. MAJOR FINDINGS OF OPERATION: As above

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1954 to Aug 22, 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 2:20 PM, from the causes and on the date stated above.

SIGNATURE R. J. Moran M. D. ADDRESS Cumberland DATE SIGNED 8-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug 25, 1954 NAME OF CEMETERY OR CREMATORY Bethel Cem LOCATION (City, town, or county) Sleepy Creek W.Va. (State) Sleepy Creek W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 23, 1954 REGISTRAR'S SIGNATURE Hunter L. Brady, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **07091**

7129 CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly.

VS. A15

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Mt. Savage X

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Row X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland X

STREET ADDRESS (If rural give location): Old Row

3. NAME OF DECEASED: (First) ANDREW (Middle) (Last) GAUGHAN

4. DATE OF DEATH: (Month) AUG. (Day) 27, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 27, 1889	65 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Rayon Mill	Mt. Savage, Maryland	USA

13. FATHER'S NAME: John Gaughan

14. MOTHER'S MAIDEN NAME: Mary Catherine (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes Mex. Border	217-10-4454	Anna L. Gaughan, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: One hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Alcoholism — Several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 19 54 to August, 19 54, that I last saw the deceased alive on 8-27, 19 54, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William E. Manley		Mt Savage Md	August 27-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	Aug. 30, 1954	Zion Memorial Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 28 1954	Vernon McDermitt	Wm. H. Kight, Cumberland, Md.	

MARYLAND 7086 07092

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; LENGTH OF STAY in this place 9/3/1946; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; STREET ADDRESS (If rural, give location) 702 Oldtown Road

3. NAME OF DECEASED (Type or Print): (First) Hulda (Middle) B. (Last) Growden

4. DATE OF DEATH: (Month) August (Day) 10, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8/9/1869

9. AGE last birthday: 85 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Miller

14. MOTHER'S MAIDEN NAME: Deborah Ruby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hypostasis — Interval between onset and death: 36hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage. — ?

(c) Chronic Myocardial degeneration — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 19 54, to Aug. 10, 19 54, that I last saw the deceased alive on Aug. 10, 19 54 and that death occurred at 10.50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED 8-11-54

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE 8-13-54 — NAME OF CEMETERY OR CREMATORY Fellowship Cem. — LOCATION (City, town or county) Centreville (State) Pa.

DATE REC'D BY LOCAL REG. Aug. 12, 1954 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

Hallinan Stein

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07093

7087

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 221 CARROLL ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BABY GIRL HAHN

4. DATE OF DEATH: (Month) (Day) (Year) 18 31 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 8-30-54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min. 27

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID HAHN
14. MOTHER'S MAIDEN NAME: REGINA MINKE

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Sacred Heart Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Collapse — INTERVAL BETWEEN ONSET AND DEATH 4 Hours.

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Visceral Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Prematurity 6 1/2 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Weight 2'13"

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1954, to Aug 31, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 4:20 A M, from the causes and on the date stated above.

SIGNATURE J. P. Hallinan MD — ADDRESS 140 Bedford St. Cumberland, Md. — DATE SIGNED 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 31, 1954 — NAME OF CEMETERY OR CREMATORY SS. Peter & Paul's — LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 31, 1954 — REGISTRAR'S SIGNATURE Winter R. Lantz M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. — ADDRESS Cumberland Md

SEP 7 1954
BUREAU U. S.

7130

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07094

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) near-Eckhart

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Highway-route #40 crest of Red Hill

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rural) Cumberland

STREET ADDRESS (If rural, give location): Route #5 Vocke Road.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer William Herrell	Aug 7 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	White	single	July 1-1937	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life. Do not use retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student Also Usher at Drive-In Theater		Winchester Road (home) (Rural) Cumberland, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Earl R. Herrell	Sylvia Lee Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	214-34-1694	Father-E.R.Herrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Shock, cerebral hemorrhage due to a basil — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) fracture of the skull also had a fracture — DUE TO — (c) of the 5th, cervical vertebrae and inferior maxillary. (auto accident)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, office, street, place bldg., etc.) INJURY	21c. (City or town)	(County)	(State)
	Route #40 Highway	near-Eckhart	Allegany	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Aug. 7-1954-A.M. 1	/	Lost control of car whirled around, struck another car, he was thrown out on highway.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V.Deming M.D. H.V.Deming M.D.

M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: Aug.7-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-9-54	Davis Memorial Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 9, 1954	Mrs. Nancy N. Poe	H. Charles L. George	Cumberland, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7088 **CERTIFICATE OF DEATH** 07095

Reg. Dist. No. 4

1454

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
STREET ADDRESS (If rural give location) 303. Decatur St.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) X (Last) Ingram

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 20 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ~~House Wife~~ Home
11. BIRTHPLACE (State or foreign country): Mineral County, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Shirley
14. MOTHER'S MAIDEN NAME: Lorrane McIntire

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Myrtle Corbin, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Acute coronary occlusion — Interval Between Onset And Death: 1/2 hour

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic heart disease — 1 year

DUE TO

(c) none

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1953, to 8-7, 1954, that I last saw the deceased alive on 8-7, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L Kinney MD ADDRESS 57 Greene St. DATE SIGNED 8-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 11 1954
NAME OF CEMETERY OR CREMATORY Queens Point Cemetery
LOCATION (City, town, or county) (State) Keyser, Mineral Co W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 9, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

DR. ~~WHITWORTH~~ Simons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07096

7089 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STAT MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
STREET ADDRESS (If rural give location) 562 PATTERSON AVENUE

3. NAME OF DECEASED: (Type or Print) (First) EUTOKA (Middle) NEVADA (Last) JOHNSON

4. DATE OF DEATH: (Month) AUGUST (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1884 SEPTEMBER 10
9. AGE last birthday 69 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL TIPTON
14. MOTHER'S MAIDEN NAME: LUCY DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

221X

IMMEDIATE CAUSE (A) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1954, to 8/23, 1954 that I last saw the deceased alive on 8/23, 1954, and that death occurred at 9:20 PM, from the causes and on the date stated above.

SIGNATURE George M. Simons M. D. ADDRESS Cumberland Md DATE SIGNED 8/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 27, 1954
NAME OF CEMETERY OR CREMATORY Fort Ashby Cemetery.
LOCATION (City, town, or county) (State) Fort Ashby, W.Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M. D.
24. FUNERAL DIRECTOR Charles L. George
ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG 1954
BUREAU V. S.

within corporate limits

7090

07097

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place) 49 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Dessie (Middle) E. (Last) Junkins

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 28, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Germany, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Swager

14. MOTHER'S MAIDEN NAME: Virginia Layman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS Kitzmiller, Md. (daughter) Mrs. Josephine Swansboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gradual cardiac failure — Interval Between Onset and Death: 19 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intertronchanteric fracture of left femur.

19a. DATE OF OPERATION: 7-3-1954 **19b. MAJOR FINDING OF OPERATION:** Open reduction of fracture, pin insurted.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Kitzmiller (County) Garrett (State) Md.

21d. TIME OF INJURY (Month) June (Day) 24/54 (Year) (Hour) P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Standing on dinning room floor, twisted around & fell to floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H V Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-19-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Aug. 22 1954 — NAME OF CEMETERY OR CREMATORY Whitmansville Cem — LOCATION (City, town, or county) Near Elk Garden (State) W. Va.

DATE REC'D BY LOCAL REG. Aug. 20. 1954 — REGISTRAR'S SIGNATURE Winter L. Frantz M.D. — **24. FUNERAL DIRECTOR** O.F. Sharpless — ADDRESS Blaine, W. Va.

07098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7120

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural, give location) Miners Hosp

3. NAME OF DECEASE (Last, First, Middle) Kenney Bally B (First) James (Middle) Leo (Last)

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sing
8. DATE OF BIRTH Aug 7 1954
9. AGE last birthday yrs. If under 1 year: Months. Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frostburg Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Joseph Kenney
14. MOTHER'S MAIDEN NAME Betty Lancaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT John Joseph Kenney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1954, to Aug 15, 1954, that I last saw the deceased alive on Aug 15, 1954 and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE W. O. McLane (Degree or title) EMD ADDRESS Frostburg Md DATE SIGNED Aug 16 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8-16-54 NAME OF CEMETERY OR CREMATORY St. Michaels Cem. LOCATION (City, town, or county) Frostburg Md. (State)

DATE REC'D BY LOCAL REG. 8-16-54 REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR John Joseph Kenney ADDRESS Frostburg Md.

2184211301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REC
AUG
BUREAU

07099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7121

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (In this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) Rt. 1 Vale Summit

3. NAME OF DECEASED (Type or print): (First) Baby A (Middle) John Joseph (Last) Kenney

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: 8-7-54

9. AGE last birthday: ✓ yrs. — If under 1 year: Months — Days 6 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Joseph Kenney

14. MOTHER'S MAIDEN NAME: Betty Helen Lancaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. John J. Kenney (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 1954, to 8/12, 1954, that I last saw the deceased alive on 8/12, 1954, and that death occurred at 7:15P.M., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John C Devers — M.D. — Frostburg, Md — 8/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-13-54 — NAME OF CEMETERY OR CREMATORY St Michaels Cem — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 8-12-54 — REGISTRAR'S SIGNATURE Mrs Nancy A. Roe — 24. FUNERAL DIRECTOR John J. Kenney — ADDRESS Rt 1 Frostburg Md

2184212301

#3 See Gilm G169 9-10-54 jst

7131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07100

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Danville

LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#3 Keyser.W.Va. Black Oak Farms

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Danville

STREET ADDRESS (If rural, give location) R.F.D.#3 Keyser,W.Va. Black Oak Farms.

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Clarence (Last) Kimmel

4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	Single	20 Oct 1907	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired-B&O Trackman	B&O.R.Ry.	Lanesville, Grant Co.W.Va.	U.S.A.

13. FATHER'S NAME: Jasper H.Kimmel KIMBLE

14. MOTHER'S MAIDEN NAME: Rella R.VanMeter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	705-07-7682	(sister)Mrs.Leroy T.Kile,R.F.D.#3 Keyser W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Coronary occlusion	3/4 Hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Coronary sclerosis	about 2 years.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Aug. 22-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-24-54	Dawson Cemetery	Dawson, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 24 1954	Mrs Jane C Kelly	E. D. Boge	Westernport, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7091 CERTIFICATE OF DEATH

Reg. Dist. No. 07101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 6 2 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 224 North Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Mary (Last) Knierim

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 10-8-1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Deceased George Fleckenstein

14. MOTHER'S MAIDEN NAME: Deceased Catherine Kelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Thomas Conlon, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

539.1

Immediate cause (a) Senility — 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulum Oesophagus — ? yrs.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1954, to 8-8, 1954, that I last saw the deceased alive on 8-8-54, 1954, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) R W Trewaks Jr. M.D. for Dr R W Trewaks, Jr M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-11, 1954 — NAME OF CEMETERY OR CREMATORY S.S. Peter & Pauls — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 10, 1954 — REGISTRAR'S SIGNATURE Walter L. Frank, M.D. — **24. FUNERAL DIRECTOR** Charles I. George — ADDRESS Cumberland, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7092 CERTIFICATE OF DEATH

Reg. Dist. No. 07102

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 215 Decatur Sacred Heart 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md.
STREET ADDRESS (If rural give location) Route #1, Box 95

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Bertha Mickey Kreitzburg
4. DATE OF DEATH: (Month) (Day) (Year) 8-31-1954 19

5. SEX Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 22-1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm L. Mickey
14. MOTHER'S MAIDEN NAME: Susan Lybarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Chas. Dick - Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

47

IMMEDIATE CAUSE (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSE (S) DUE TO Diabetes Mellitus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute Toxic Nephritis — 8 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1954, to 8-31, 1954, that I last saw the deceased alive on 8-31, 1954 and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE J. Johnson Jr. M.D. ADDRESS Cumberland Md. DATE SIGNED 9-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-3-54
NAME OF CEMETERY OR CREMATORY Hillcrest Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 3, 1954
REGISTRAR'S SIGNATURE Winter R. Hantz, M.D.
24. FUNERAL DIRECTOR Charles L. George - Cumb. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

P 7 1954

7132

08069
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 5

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cresaptown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#5 Triple Lakes

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Cresaptown
STREET ADDRESS R.F.D/#5 (If rural, give location) Triple Lakes

3. NAME OF DECEASED: (Type or Print) (First) Estella (Middle) Deliah (Last) Longerbeam
4. DATE OF DEATH (Month) Aug. (Day) 26 (Year) 19 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: April 21-1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Barton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Clark
14. MOTHER'S MAIDEN NAME: Margaret Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: (daughter) Mrs. Grace McKenzie, Cresaptown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent cause(s) (b) Chronic myocarditis.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden about 2 years.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M. D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-26-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 30, 1954
NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
LOCATION (City, town, or county) (State) Bloomington, Maryland

DATE REC'D BY LOCAL REG. Aug. 27, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Louis Stein, Inc., Cumberland, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **07103**

7093 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the abuses of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland — LENGTH OF STAY (in this place) 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland, LaVale,
STREET ADDRESS (If rural give location) National Hy. Rt 40

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Genore (Last) Martin Macbeth

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov 6 1895

9. AGE Last birthday 58 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS/INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marcellus Martin

14. MOTHER'S MAIDEN NAME: Elizabeth Alice Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Robert B. MacBeth, LaVale,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lungs with metastases to — Interval Between Onset And Death: 7 mos.
DUE TO brain and spine

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 19 54, to Aug. ..., 19 54, that I last saw the deceased alive on Aug. 9, 1954, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE C. C. Zimmerman (Degree or title) M.D. ADDRESS 105 S. Centre St. DATE SIGNED 8-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 12, 54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem — LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REGISTRAR Aug 11, 1954 — REGISTRAR'S SIGNATURE Walter R. Traub, M.D. — 24. FUNERAL DIRECTOR Louis Stein Inc. — ADDRESS Cumberland Md

AUG 17 1
U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7094

CERTIFICATE OF DEATH

Reg. Dist. No. 07104

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural give location) East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Marshall

4. DATE OF DEATH: (Month) Aug, (Day) 28. (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Aug, 28, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed-Confectionary Store.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Marshall
14. MOTHER'S MAIDEN NAME: Margaret McKinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Bradley Marshall, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 2-3 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 28 Aug, 1954, that I last saw the deceased alive on 28 Aug, 1954, and that death occurred at 9 3/4 P.M., from the causes and on the date stated above.

SIGNATURE George Eichhorn Jr. M.D. ADDRESS Lonaconing Md DATE SIGNED 8/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug, 31, 1954.
NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park.
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 31, 1954
REGISTRAR'S SIGNATURE: Walter R. Hantz, M.D.
24. FUNERAL DIRECTOR ADDRESS: George Eichhorn, Lonaconing, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 7 1954
BUREAU U. S.

DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07105

7095 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 99 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. VA. COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Williamsport
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VAUSE (Middle) W. (Last) MARSHALL

4. DATE OF DEATH: (Month) AUG. (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 12, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owns Operates RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: Gift & Curiosity Shop

11. BIRTHPLACE (State or foreign country): W. VA. Williamsport

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: MARSHALL, CHARLES

14. MOTHER'S MAIDEN NAME: WEBB, HANNAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: One previous

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerotic Cardio Vascular Disease — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture, right hip

19A. DATE OF OPERATION: 4-21-54

19B. MAJOR FINDINGS OF OPERATION Fracture, Right Hip

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1954, to Aug 3, 1954, that I last saw the deceased alive on Aug. 3, 1954, and that death occurred at 8:45 PM, from the causes and on the date stated above.

SIGNATURE Carlton Brinsfield M.D. ADDRESS 5 Washington St. Cumberland DATE SIGNED Aug 4, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 6, 1954 — NAME OF CEMETERY OR CREMATORY Asbury Methodist Church Yard — LOCATION (City, town, or county) (State) Fairview, W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 5, 1954 — REGISTRAR'S SIGNATURE Walter R. Franz, M.D.

24. FUNERAL DIRECTOR J. Blaine Schaffer — ADDRESS Petersburg W. Va.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 10 19
BUREAU V. S.

7133 07106

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Brant road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cresaptown
STREET ADDRESS (If rural, give location) 17 Brant road.

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) West (Last) Millholland

4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: June 22-1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Keyser, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. Thomas H. West

14. MOTHER'S MAIDEN NAME: Frances Hennen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: (son) Lewis C. Millholland Jr. Cresaptown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 2-4-9

Immediate cause (a) Exhaustion, senility and coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: gradual

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 5 months.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intertrochanteric fracture Dec. 25/51 left femur Fractured shaft, left femur, May 3-1952

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION: Fell May 5/54 bedfast since then

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) sidewalk & home

21c. (City or town) Cresaptown (County) Allegany (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25/51-1 A.M. May-3/52-1 P.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☒

21f. HOW DID INJURY OCCUR? Slipped on ice. Fell off of chair.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Aug. 11-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 13, 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REG. Aug. 12, 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Charles L. George, " ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

Halfway corporate limits
Hal

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **07107**

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland ~~Crescent~~ Md.
STREET ADDRESS (If rural give location) Route 2 Box 105

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Mills
4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 31, 1954
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months 2 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cumberland, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Roy F. Mills
14. MOTHER'S MAIDEN NAME: Virginia Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Virginia Mills, Route 2, Cumberland Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
571.0
Immediate cause (a) Marasmus
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gastro-Enteritis acute
DUE TO (c) none

Interval Between Onset And Death: 1 mo. 7 Da.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1954, to Aug 18, 1954, that I last saw the deceased alive on Aug 18, 1954, and that death occurred at 12 noon, from the causes and on the date stated above.
SIGNATURE J. L. Hallinan MD (Degree or title) 140 Bedford St. ADDRESS Cumberland, Md. DATE SIGNED Aug. 19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 20, 1954
NAME OF CEMETERY OR CREMATORY Fort Ashby Cemetery
LOCATION (City, town, or county) (State) Fort Ashby, West Virginia
DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

2054245365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
RAILROAD V. S.

7097

07108
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 16 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 924 Glenwood St

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 924 Glenwood St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) David (Last) Moats

4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	Married	March 9-1901	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinest helper	B&O.R.Ry.	Sugar Grove, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Moats	Cora Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	722-18-7110	(wife) Sallie K. Moats, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intrathoracic hemorrhage due to a 12 Guage	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) shot gun wound in chest, self inflicted.	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Despondent.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: Home	21c. (City or town) Cumberland	(County) Allegany	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: about 9.20 Aug. 11/54 P. M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Went to garage and shot himself in the chest.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V.Deming M.D. H. V. Deming M. D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Aug.12-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 15, 1954	Rivet Cemetery	Moorefield,	West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 13, 1954	Walter L. Franz, M.D.	James F. Scarpelli,	Cumberland Md.

VS. A15A - 5 - 53

Within corporate limits: WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7098

CERTIFICATE OF DEATH

07109

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
MARYLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 34 HOWARD ST.

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) MOORE

4. DATE OF DEATH: (Month) AUG. (Day) 16 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH. AUG. 9, 1954

9. AGE last birthday: 7 DAYS yrs. IF UNDER 1 YEAR: Months Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): MARYLAND Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MOORE, DONALD WILLIARD

14. MOTHER'S MAIDEN NAME: KEPLINGER, BERTHA L

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO None

17. INFORMANT & ADDRESS. Donald W. Moore, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Anoxemia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Placental Infarction

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19....., to ..... , 19.. , that I last saw the deceased alive on ..... , 19 .. , and ~~that~~ death occurred at 3:45 A. M, from the causes and on the date stated above.

SIGNATURE Julian B. Markwood M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/18/54

NAME OF CEMETERY OR CREMATORY Zion Memorial Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 17, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS H. Lee Silcox- Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

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[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07110

Item 9 Film G169 9-8-54 BC 7122 **CERTIFICATE OF DEATH** Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lyons's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) 656 E. Main St.

3. NAME OF DECEASED. (Type or Print) (First) Charles (Middle) J. (Last) Moore

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: May 11-1876 | 9. AGE last birthday 78 9/12 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone mason | 10B. KIND OF BUSINESS OR INDUSTRY: Building | 11. BIRTHPLACE (State or foreign country): Garrett Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Moore | 14. MOTHER'S MAIDEN NAME: Margaret Blocher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Chas. J. Moore, Williamsburg Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/ , 1954, to 8/25, 1954, that I last saw the deceased alive on 8/25, 1954, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE John C Reese M. D. ADDRESS 134 Main St Fbg DATE SIGNED 8.26.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-27-1954 | NAME OF CEMETERY OR CREMATORY Goleondo Cem. | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 8-27-54 | REGISTRAR'S SIGNATURE Mrs. Hauley N. Roe | 24. FUNERAL DIRECTOR Jacob Hafer, ADDRESS Frostburg, Md.

AUG
BUREAU V S.

DR. HIMMELWRIGHT

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07111

7099 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 HR. 20 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 114 REYNOLDS STREET

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) MORTZFELDT

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 7 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 16, 1869

9. AGE last birthday: 85 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RATCHKI, John

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ~~None~~ ~~Unknown~~

17. INFORMANT & ADDRESS. MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Massive (Hemorrhages) Hemorrhage

ANTECEDENT CAUSE (B) DUE TO Diabetic Gangrene

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6., 1954, to Aug. 7., 1954, that I last saw the deceased alive on Aug. 7, 1954, and that death occurred at 5:55 P.M, from the causes and on the date stated above.

SIGNATURE Quentin Himmelwright M.D. ADDRESS 203 Virginia Ave. DATE SIGNED Aug. 7, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 11, 1954

NAME OF CEMETERY OR CREMATORY Trinity Luth. Church

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 10, 1954

REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer

ADDRESS Cumberland, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 17

MARYLAND 7100

07112
STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. 114
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing, Md
STREET ADDRESS (If rural, give location) Charleston St.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Muir

4. DATE OF DEATH (Month) Aug (Day) 19 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 8/18/54

9. AGE last birthday: If under 1 year, Months; Days 1; If under 24 hrs., Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Muir.

14. MOTHER'S MAIDEN NAME Josephine Watkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Baby's Aunt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia Neonatorum — Interval between onset and death: 12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 7 mos.

(c)

762.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18 ., 19 54, to 8/19, 19 54, that I last saw the deceased alive on 8/19 19 54 and that death occurred at 12:05 P m., from the causes and on the date stated above.

SIGNATURE and (Degree or title) MD ADDRESS Lonaconing Md DATE SIGNED 8/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Aug. 20, 1954 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REG. Aug. 20, 1954 — REGISTRAR'S SIGNATURE Winters L. Lantz, M.D.

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md ADDRESS

MARGIN RESERVED FOR BINDING

Within corporate limit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07113

7101 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing — STREET ADDRESS (If rural give location) Charlestown Street

3. NAME OF DECEASED: (First) Baby Girl (Middle) Muir (Last) Muir #2 (Type or Print)

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: Aug 18 1954

9. AGE last birthday: yrs. Months Days — IF UNDER 1 YEAR — IF UNDER 24 HOURS

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James Muir

14. MOTHER'S MAIDEN NAME: Josephine Watkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sacred Heart Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) Asphyxia Neonatorum. — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Aug, 1954, to 19 Aug., 1954, that I last saw the deceased alive on 19 Aug, 1954, and that death occurred at 6A M, from the causes and on the date stated above.

SIGNATURE George Eichhorn M. D. — ADDRESS Lonaconing — DATE SIGNED 8-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Aug. 20. 1954. — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery. — LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 20, 1954 — REGISTRAR'S SIGNATURE: Winter K. Kautz, M.D.

24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md — ADDRESS

AUG
V. S.

Outside of City Limits

7134

07114 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac river, underneath W.Md.R°Ry. bridge.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 172 Wineow St.

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) William (Last) Myers

4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1954

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Dec.24-1945
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Romney, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roland R.Myers
14. MOTHER'S MAIDEN NAME: Hazel Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Father-R.R.Myers, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to drowning.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Potomac river-Cumberland
21c. (City or town) (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug.7-1954 11.15 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? On a raft, went to retrieve his stick, slipped & fell in.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Aug 7-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug. 10, 1954
NAME OF CEMETERY OR CREMATORY Dunner Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. Aug. 9, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc.
ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

AUG 17

Outside of City limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7135 CERTIFICATE OF DEATH

Reg. Dist. No. 07115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaVale — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaVale, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Margaret (Middle) McFarland (Last) Ort
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 9 1880
9. AGE Last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert McFarland
14. MOTHER'S MAIDEN NAME: Agnes Longridge

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Lewis J. Ort LaVale, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary Embolism — 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardio-vascular disease — 3 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1954, to 8-26, 1954, that I last saw the deceased alive on 8-26, 1954, and that death occurred at 9:25 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ralph L. Bucci M.D. 62 Greene St Cumberland Md 8-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Aug 28 1954 — NAME OF CEMETERY OR CREMATORY Zion Memorial Cemetery — LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR Aug 30, 1954 — REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

VS. A15

BUREAU V. S.

Within corporate limits

DR. ENFIELD MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 07116

7102 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 12 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. VA. COUNTY HAMPSHIRE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROMNEY, W. VA.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) OLLIE (Middle) ROENA (Last) PALMER

4. DATE OF DEATH: (Month) AUG. (Day) 3 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: AUG. 6, 1877

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: Own House

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ABELL, LEMUEL

14. MOTHER'S MAIDEN NAME: WHITACRE, SALLIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2 ...., 19 54, to 8/3 ., 19 54, that I last saw the deceased alive on 8/3 ., 19 54, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Cumberland DATE SIGNED 8/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug 5 1954

NAME OF CEMETERY OR CREMATORY Three Churches Cemetery

LOCATION (City, town, or county) (State) Three Churches Hampshire Co W. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 4, 1954

REGISTRAR'S SIGNATURE Winter L. Frank, M.D.

24. FUNERAL DIRECTOR Meryl Combs ADDRESS Romney, W. Va.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07117

CERTIFICATE OF DEATH

Reg. Dist. No. 4

7103

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 10/25/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joshua (Middle) S. W. (Last) Rittenhouse

4. DATE OF DEATH: (Month) (Day) (Year) August 11, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: 3/12/1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - R.R. Engineer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smithport, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis Rittenhouse

14. MOTHER'S MAIDEN NAME: Mary Ann Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 2 2.1

IMMEDIATE CAUSE (A) Pulmonary Hypostasis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Chronic Hypertension — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) General arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1952 to Aug. 11, 1954 that I last saw the deceased alive on Aug. 10, 1954, and that death occurred at 9.20 A M, from the causes and on the date stated above.

SIGNATURE Harold V. Deahoff M.D. ADDRESS 49 Greene St. DATE SIGNED 8-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 13 1954 — NAME OF CEMETERY OR CREMATORY Queens Point Cem — LOCATION (City, town, or county) (State) Keyser, Mineral Co W. Va

DATE REC'D BY LOCAL REGISTRAR Aug. 13, 1954 — REGISTRAR'S SIGNATURE Winter L. Hawk M.D.

24. FUNERAL DIRECTOR William H. Kight — ADDRESS Cumberland, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Willis corporation DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07118

7104 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA. COUNTY BEDFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) BEDFORD, PA.
STREET ADDRESS (If rural give location) RT. # 3 BEDFORD, PA. BOX 72-A

3. NAME OF DECEASED: (First) JOHN (Middle) E. (Last) ROBERTSON
4. DATE OF DEATH. (Month) AUG. (Day) 4 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: JUNE 13, 1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): KELLY TIRE CO. - Foreman, Calender Room
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HARRY ROBERTSON
14. MOTHER'S MAIDEN NAME: ~~VIRGINIA BARRINGER~~ Amy Basthlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-1148
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2/54, 19..., to 8/4/54, 19..., that I last saw the deceased alive on 8/3/54, 19..., and that death occurred at 2:00 AM, from the causes and on the date stated above.

SIGNATURE Richard J. Williams M. D. ADDRESS Cumberland DATE SIGNED 8/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 7 1954
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) Frostburg, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 6, 1954
REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer
ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 10 1954
BUREAU V. S.

7123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07119

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 50 Linden St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) OSCAR CLARENCE ROBESON
4. DATE OF DEATH (Month) (Day) (Year) 8 - 6 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 13 1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY City
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John F. Robeson
14. MOTHER'S MAIDEN NAME Sarah C. Michaels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Oscar Robeson Frostburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis - general & marked	Past year
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1954, to 8/6, 1954, that I last saw the deceased alive on 8/6, 1954, and that death occurred at 7:20 A.M. EDST, from the causes and on the date stated above.

SIGNATURE John B. Davis, M.D. (Degree or title) ADDRESS Frostburg, Md DATE SIGNED 8/6/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/9/54
NAME OF CEMETERY OR CREMATORY Robeson Cem
LOCATION (City, town, or county) Garrett County (State) Md

DATE REC'D BY LOCAL REG. 8-8-54
REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR E. J. Boal Westernport, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07120

7105 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Piedmont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 409 Piedmont Avenue

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) SIDNEY (Last) RUDY

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1901

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. 52 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car repairman

10B. KIND OF BUSINESS OR INDUSTRY: B&O R.R. Back Shops

11. BIRTHPLACE (State or foreign country): Paw Paw, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Rudy

14. MOTHER'S MAIDEN NAME: Mary Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 205-05-5192

17. INFORMANT & ADDRESS: Mrs. Marion Rudy, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) DUE TO Carcinoma of Lung — (INTERVAL BETWEEN ONSET AND DEATH) 1 yr

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO —
(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/54, 19 , to 8/10/54, 19 , that I last saw the deceased alive on 8/10/54, 19 , and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Cumberland, Md. DATE SIGNED 8/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug. 13, 1954 NAME OF CEMETERY OR CREMATORY Enon Bapt. Church Cem. LOCATION (City, town, or county) Largent, West Virginia (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 12, 1954 REGISTRAR'S SIGNATURE Winter L. Fauntz, M.D.

24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

13 1954

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07121

7106

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SYLVAN RETREAT

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 112 OAK STREET

3. NAME OF DECEASED: (Type or Print) (First) EARNEST (Middle) RUSSELL (Last) SCHELL

4. DATE OF DEATH: (Month) 8- (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2-10-1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler room Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Silk-Celanese

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN W. SCHELL

14. MOTHER'S MAIDEN NAME: NETTIE ~~[illegible]~~ Rainer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) W.W.II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. P. V. Hughes, Rt. 6, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 592 X

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Myocarditis	?
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic Nephritis	?
	DUE TO		
	(c)	Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1954, to Aug 5, 1954, that I last saw the deceased alive on Aug 1, 1954, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (DEGREE OR TITLE) ADDRESS 49 Green St. DATE SIGNED 8-5-54

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 8-7-1954

NAME OF CEMETERY OR CREMATORY Frostburg Memorial

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. Aug. 6, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 10
BUREAU V. S.

07122

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7124 CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Alleganny MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg RURAL; LENGTH OF STAY (in this place) 18 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Mt. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Alleganny; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 90 Mt. Pleasant St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Sarah C. Schriner

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 16-1900 | 9. AGE last birthday 53 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework Own Home | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Yale Summit Md | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Leake | 14. MOTHER'S MAIDEN NAME: Jane Dayharsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Irene Cornelia Schriner, 90 Mt. Pleasant

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chr Rheumatic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from June 11, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 6:10 P M, from the causes and on the date stated above.

SIGNATURE Wm C Lane M D M. D. | ADDRESS Frostburg Md | DATE SIGNED Aug 23 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-25-1954 | NAME OF CEMETERY OR CREMATORY St. Michaels Cem. | LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-25-54 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe | 24. FUNERAL DIRECTOR [redacted] ADDRESS Jacob Hafer, Frostburg, Md.

DR.R.J.WMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07123

7107 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 8 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LA VALE rural, Cumberland, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) [redacted] EMMA (Middle) R. (Last) SEEM

4. DATE OF DEATH: (Month) AUG. (Day) 24, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 26, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR, Months, Days; IF UNDER 24 HRS., Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): W.VA..

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES RIDGELEY

14. MOTHER'S MAIDEN NAME: ELIZABETH THRASHER

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Arteriosclerosis DUE TO — INTERVAL: unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/54 19....., to 8/24/54 19....., that I last saw the deceased alive on 8/24/54 19....., and that death occurred at 10:25 PM from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cumberland DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 27, 1954 — NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1954 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG
BUREAU V. S.

DR. SIMONS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07124

7108 CERTIFICATE OF DEATH

Reg. Dist. No. . .. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 114 E. ELDER STREET

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) R. (Last) SHRIVER

4. DATE OF DEATH: (Month) AUGUST (Day) 19 (Year) 1954

5. SEX: ~~Female~~ Female

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 25, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10a. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: SAMUEL MICHAEL

14. MOTHER'S MAIDEN NAME: HARRIET COURTNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/54, 19.. to 8/19/54, 19.. that I last saw the deceased alive on 8/19/54, 19.., and that death occurred at 8.10 AM from the causes and on the date stated above.

SIGNATURE George M. Brown M.D. ADDRESS Cumberland Md. DATE SIGNED 8/19/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 22, 1954 — NAME OF CEMETERY OR CREMATORY Hillcrest Cem. — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1954 — REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D. — 24. FUNERAL DIRECTOR John J. Lafer, — ADDRESS "

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07125

7109 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
MARYLAND
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTERNPORT, MARYLAND
STREET ADDRESS (If rural give location) 167 Church Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) William (Last) SIGLER

4. DATE OF DEATH: (Month) AUG. (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: MAY 20, 1888

9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life. Retired Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY W. Va. Pulp & Paper Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: SIGLER, JAMES

14. MOTHER'S MAIDEN NAME: FORTHMAN, EMMA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-013-360

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of Lung. — 2

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1954, to Aug. 14, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 6:10 A.M. M, from the causes and on the date stated above.

SIGNATURE Leslie E Daugherty M. D. — ADDRESS Cumberland Md — DATE SIGNED Aug. 14-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-17-54 — NAME OF CEMETERY OR CREMATORY St. Peters Cemetery — LOCATION (City, town, or county) (State) Westernport Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 16, 1954 — REGISTRAR'S SIGNATURE Walter L. Fauntz, M. D. — 24. FUNERAL DIRECTOR E. S. Boal — ADDRESS Westernport Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 21 1954
V. S.

08088

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7136 CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
MARYLAND
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural give location) St. Marys Terrace

3. NAME OF DECEASED: (Type or Print) (First) Winifred (Middle) A (Last) Stakem

4. DATE OF DEATH: (Month) Aug, (Day) 25, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH. April, 13, 1881

9. AGE last birthday 73 yrs

If UNDER 1 YEAR: Months, Days

If UNDER 24 HRS.: Hours, Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Piedmont, Wva.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Graney

14. MOTHER'S MAIDEN NAME: Ann ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Frank Stakem.(SON) Lonaconing, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral Thrombosis	6 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis - Generalized	4-5 yrs.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ... , 1952, to 25 Aug, 1954, that I last saw the deceased alive on 25 Aug, 1954, and that death occurred at 2 30 M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. Lonaconing, Md

DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug, 28, 1954

NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

LOCATION (City, town, or county) (State) Lonaconing, md.

DATE REC'D BY LOCAL REGISTRAR 8-28-54

REGISTRAR'S SIGNATURE Jeannette M Boal

24. FUNERAL DIRECTOR AND ADDRESS George Eichhorn, Lonaconing

SEP 15
BUREAU V

07126

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7137 CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Zihlman
LENGTH OF STAY (In this place) All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 2, Frostburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Zihlman, Box 235
STREET ADDRESS (If rural give location) R.F.D. 2, Frostburg, Md.

3. NAME OF DECEASED: (First) John (Middle) Theodore (Last) Steele

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: 9-27-1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal Miner

11. BIRTHPLACE (State or foreign country): Sunnyside, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Steele

14. MOTHER'S MAIDEN NAME: Katherine Fralick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 182-01-4252

17. INFORMANT & ADDRESS: Leslie Steele, Zihlman, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chr Myocardial Insufficiency — 6 Mo

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. , 1954, to Aug 16, 1954, that I last saw the deceased alive on Aug 1 , 1954, and that death occurred at 7:20 P M, from the causes and on the date stated above.

SIGNATURE Wm C Lane M.D. ADDRESS Frostburg Md DATE SIGNED Aug 18 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/19/54

NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 8-19-54

REGISTRAR'S SIGNATURE Mrs. Nancy K. Roe

24. FUNERAL DIRECTOR Jacob Hafer

ADDRESS Frostburg, Maryland

RECEIVED
AUG 2
BUREAU V. S.

07127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7110

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 811 LOUISIANA AVE.

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) (Last) STEMPLE

4. DATE OF DEATH: (Month) 8-20-54 (Day) (Year) 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: 8-15-86
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Stone School of Music
11. BIRTHPLACE (State or foreign country): Cooks Mills, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Emeriick
14. MOTHER'S MAIDEN NAME: Agnes Emerick (Kennell, Maiden name

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-16-9336 None
17. INFORMANT & ADDRESS: Mrs. Clyde Slider, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxaemia — Interval Between Onset And Death: 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) R. pyonephrosis (3 weeks) — 3 weeks

DUE TO

(c) Large Staghorn Calculus — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1954 to 8/20, 1954, that I last saw the deceased alive on 8/19, 1954, and that death occurred at 2:10 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Trevaskis, Dr. M.D. ADDRESS Cumberland, Maryland DATE SIGNED 8/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 22, 1954
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 22, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 31 1934
BUREAU V. I.

7125

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07128

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the figures of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 East Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 2 East Main St.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) H (Last) Thomas

4. DATE OF DEATH (Month) Aug. (Day) 9 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: July 13-1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Chief of Police

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scranton, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Ann Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.1

16. SOCIAL SECURITY NO.: 720-09-6878

17. INFORMANT & ADDRESS: (wife) Eleanor Thomas, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary sclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED Aug. 9-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-12-1954

NAME OF CEMETERY OR CREMATORY Fairview Memorial Park

LOCATION (City, town, or county) (State) Frostburg Md.

DATE REC'D BY LOCAL REG. 8-12-54

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Joseph P. Hurst

ADDRESS Frostburg, Md.

VS. A15A - 5 - 53

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Weis Funeral

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7111 CERTIFICATE OF DEATH

Reg. Dist. No. 07129

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) wife.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 407 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Dora [redacted] (Middle) Bessie (Last) Thomas
4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 24 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Mc Laughan
14. MOTHER'S MAIDEN NAME: Ida Shryock
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Patient's Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anemia due to hepatocarcinoma — Interval Between Onset And Death: 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Uremia — 13 days
DUE TO
(c) Arteriosclerosis and Hypertensive cardiovascular disease — 11 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 10 months

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Winter, 1953, to Aug 6, 1954, that I last saw the deceased alive on Aug 5, 1954, and that death occurred at 12:01 PM, from the causes and on the date stated above.
SIGNATURE Herman Weis (Degree or title) ADDRESS 59 Greene St Cumberland Md DATE SIGNED 8/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/8/54
NAME OF CEMETERY OR CREMATORY Thomas Cemetery
LOCATION (City, town, or county) (State) Near Oldtown, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1954
REGISTRAR'S SIGNATURE Walter K. Hauk, M.D.
24. FUNERAL DIRECTOR Louis Weis
ADDRESS Cumberland, Md.

VS. A15

RECEIVED
AUG 10 1954
BUREAU V. S.

07130

MARYLAND 7112 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Gleason Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 200 Gleason Street

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) August (Last) Weber

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 14, 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas N. Weber

14. MOTHER'S MAIDEN NAME: Lucy Hoff Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 705-10-0707

17. INFORMANT AND ADDRESS: Robert L. Weber, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myelogenous Leukemia — Interval Between Onset and Death: 6 Mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1954, to Aug 4, 1954, that I last saw the deceased alive on Aug 2, 1954 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. T. Iseminger, Dr. Cumberland Aug 4 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 8-7-1954 | NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Aug. 6, 1954 | REGISTRAR'S SIGNATURE: Winter R. Hanly, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli, Cumberland, Md.

AUG 10

Within corporate limits TOFSER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07131

7113 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLERSLIE, MARYLAND
STREET ADDRESS (If rural give location) ELLERSLIE, MARYLAND

3. NAME OF DECEASED: (Type or Print) (First) ORVILLE (Middle) M (Last) WENRICH

4. DATE OF DEATH: (Month) AUGUST (Day) 9 (Year) 1954

5. SEX MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 18, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Retired) Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: P.R.R. Railroad

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Enoch Wenrich

14. MOTHER'S MAIDEN NAME: Frances Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Willard L. Wenrich Ellerslie Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Generalized arteriosclerotic heart disease with auricular fibrillation and partial AV Block — INTERVAL BETWEEN ONSET AND DEATH ?

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign Prostatic Hypertrophy Hydronephrosis

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 July, 1954, to Aug 9.., 1954, that I last saw the deceased alive on Aug 8 ..., 1954, and that death occurred at 2:00 AM, from the causes and on the date stated above.

SIGNATURE Carlton Brimfield M.D. ADDRESS M. D. 5 Washington St. DATE SIGNED Aug 9, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-11-54

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 10, 1954

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Harvey H. Leigler ADDRESS Hyndman, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07132

7126 **CERTIFICATE OF DEATH**

Reg. Dist. No. 6

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport, 4

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 269 Main St. Ext. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport,

STREET ADDRESS (If rural, give location) 269 Main Street Ext.

3. NAME OF DECEASED: (Type or Print) (First) Adrian (Middle) C. White. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 13, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1887.

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Malloy.

14. MOTHER'S MAIDEN NAME: Susan Donohue.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Mrs. Mary Moran.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	3 Months
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arterio-sclerosis	5 Years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage in 1949 — 5 Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1954, to Aug. 13, 1954, that I last saw the deceased alive on Aug. 11, 1954, and that death occurred at 8:02 A.m., from the causes and on the date stated above.

SIGNATURE Paul [illegible] Wilson (DEGREE OR TITLE) M.D. ADDRESS Piedmont W. Va. DATE SIGNED Aug 14, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug. 16, 1954

NAME OF CEMETERY OR CREMATORY St. Peters Catholic

LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. Aug 16, 1954

REGISTRAR'S SIGNATURE Mr Jean C. Kelly

24. FUNERAL DIRECTOR W Harold Fredlock Jr. ADDRESS Piedmont, West Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 17 1
BUREAU V. S.

MARYLAND 7114

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

07138 4

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Allegany Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (In this place) 36 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 121 N. Allegany COUNTY Alleg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 121 No. Allegany Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) WISE

4. DATE OF DEATH: (Month) AUG. (Day) 28 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: MAR. 1877

9. AGE: Last birthday 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FLORIST

11. BIRTHPLACE (State or foreign country): CUMBERLAND MD.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: PETER WISE

14. MOTHER'S MAIDEN NAME: ANNIE WIEGAND.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: RECORDS, ALLEG. Co. INFIRM

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CHRONIC MYOCARDITIS	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL ARTERIOSCLEROSIS.	?
	(c) SECONDARY ANEMIA.	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILE DETERIORATION. ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 25 1954, to AUG. 28 1954, that I last saw the deceased alive on AUG. 27, 1954, and that death occurred at 8:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
James B. McClean M.D. | 49 Greene St. | 8-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 30 1954 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 30, 1954 | REGISTRAR'S SIGNATURE Walter R. Lantz, M.D. | 24. FUNERAL DIRECTOR William L. Light | ADDRESS "

RECEIVED
SEP 7 1954
BUREAU V. S.

Within corporate limits

Sch. Kight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7115 CERTIFICATE OF DEATH

07134

Reg. Dist. No. 4

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place) 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sac red Heart Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, Rural X
STREET ADDRESS (If rural give location) LaVale Court

3. NAME OF DECEASED: (Type or Print) (First) Chessie (Middle) L (Last) Young

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 10 '98

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: House Home

11. BIRTHPLACE (State or foreign country): Gassaway, West Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert E. Bean

14. MOTHER'S MAIDEN NAME: Rose Long

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sacred Heart Hospital Cumberland Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C.V. Disease

DUE TO

(c) Cardiac

Interval Between Onset And Death: weeks / years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on August 17, 1954, and that death occurred at August 17, 1954, from the causes and on the date stated above.

SIGNATURE (Degree or title) B. M. Schindler M.D. ADDRESS 41 Greenett Cumberland, Md DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 20 1954

NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 20, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md

RECEIVED
AUG 24 1954
BUREAU V. S.